

**ASSISTANCE DOG SPECIAL ALLOWANCE (ADSA)****RENEWAL APPLICATION**

California Department of Social Services

ADSA Program

744 P St., M.S. 6-94

Sacramento, CA 95814

Phone (916) 657-2628 / TTY (916) 651-6248

**Please use the reverse side** to show a change of name or address, **or** if your check is to be sent to a different address than the one shown here.

**Please complete, sign and return this form to the above address by \_\_\_\_\_.** If you do not, you will be terminated from the Assistance Dog Special Allowance program.

SSN:

Date:

1. Are you receiving: ☐ SSI/SSP ☐ IHSS ☐ CAPI  
☐ Social Security Disability Insurance (**attach a copy of your current SSDI Certificate of Award**)
2. Is your dog, \_\_\_\_\_ (give name) still in active service? ☐ Yes ☐ No
3. If no, when did he or she cease to be in active service? \_\_\_\_\_ (month/year)
4. Have you obtained another trained assistance dog? ☐ Yes ☐ No
5. Name of new dog \_\_\_\_\_ Date acquired \_\_\_\_\_
6. What person or school trained the dog? \_\_\_\_\_  
Their area code and phone number is: ( \_\_\_\_\_ ) \_\_\_\_\_  
What service does the dog provide? \_\_\_\_\_
7. Applicant signature (or mark) \_\_\_\_\_
8. Area code and phone number ( \_\_\_\_\_ ) \_\_\_\_\_
9. I certify to the above **under penalty of perjury**, subject to prosecution as the crime of perjury under the Penal Code.
10. Name and phone number of person witnessing applicants mark, if applicable.  
Name: \_\_\_\_\_  
Area code and phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

**See reverse side**

**CHANGE OF NAME AND/OR ADDRESS FOR RECEIPT OF NOTICES:**

New name, if applicable: \_\_\_\_\_

New address, if applicable: \_\_\_\_\_  
\_\_\_\_\_

**CHANGE OF PAYEE AND/OR ADDRESS FOR RECEIPT OF CHECKS:**

If you want to continue receiving your notices at the address shown on the front of this form but you want to receive your checks at a different address, please show the address for your checks below. If you want your checks mailed directly to your bank, please include the name and telephone number of your bank, and your account number:

Payee: \_\_\_\_\_

Account # \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (       ) \_\_\_\_\_

Would you prefer your next renewal application on a 3.5 IBM compatible floppy disk?

☐ Yes ☐ No

State law (Welfare and Institutions Code Section 12553) authorizes the California Department of Social Services to collect and maintain the information on this form to administer the ADSA program. This information is used only to determine continuing eligibility for this program; no further transfer of information is foreseen. The disclosure of your Social Security Number is required by Title 42 U.S. Code Section 405 and Welfare and Institutions Code Section 12553.